| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | |
|---|----------------------------------|------------------|--------------------------------|---------------|
| FY 2008 | | | 2226 - 045890 | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | Filed 8/10/2005 | |
| "Ostopindustiva Piametariala" | | | | |
| For Osteomaterials | | | | |
| Art Unit 1646 | | | Examiner Elizabeth C. Kemmerer | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | | <u>Fee</u> | Small Entity Fee | |
| \checkmark | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120</u> |
| | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ |
| | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number23-0650 | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | |
| attorney or agent of record. Registration Number22,132 | | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | |
| February 21, 2008 | | | | |
| Signature / Date | | | | |
| William H. Logsdon | | | 412-471-8815 | |
| Typed or printed name | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| signature is red | · | ıbmitted. | | |